

Board of Health, City of Baltimore,

Permit No. 99290 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16/87

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Ann Maria Brown

Sex, Male or Female, Cross out the word not required in this line. Female

Age, 65 Years, 5 Months, 10 Days.

Color, Colored

~~Married~~, Single, ~~Widow~~, or ~~Widower~~, (Cross out the word not required in this line.) Widow

Occupation, Cook

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Harford Co Md

Duration of Residence in the City of Baltimore, 17 years

Place of Death, (Give street and number.) 1175 Brewen Alley

Cause of death, First, (Primary), Phthisis,
Second, (Immediate),

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician

Place of Burial, Sharp St

Date of Burial, Apr 17 1887

Undertaker, Alex Hensley

Place of Business, 56 Orchard

Medical Attendant, W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99291 Office of Registrar of Vital Statistics. Ward 64

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 16, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie McElton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 28 Years, - Months, - Days

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 2006 E. Chase St.

Cause of Death, { First (Primary), Second (Immediate), } The woman occasionally had hysterical fits. Sudden death during the night. She was found between 1 and 2 o'clock dead.

Duration of Last Sickness, 2 o'clock dead

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 18th

Undertaker, A. O. R. Bandell M. M. White, M. D. Medical Attendant.

Place of Business, 1608 Miller St. Address, 1101 N. Broadway

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SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99292 Office of Registrar of Vital Statistics.

Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4. 17. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Percy Adson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 8 Years, 5 Months, ✓ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give Street and Number. } 66 Boundary Ave (North)

Cause of Death, { First (Primary), Second (Immediate), } Rheumatism
Endocarditis + Dropsy

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, April 19th 1887

Undertaker, H. Lewis Schaefer Dr. Carey Thunes M. D.

Medical Attendant.

Place of Business, 316 W. Fremont Address, 1228 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Board of Health of the City of Baltimore is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 99293 Office of Registrar of Vital Statistics. Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Eugene Brown

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Three Years, Two Months, 0 Days.

Color, Light brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single ✓

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, Three years + two months

Place of Death, { Give Street and Number. } No 27 Morris Alley (old No)

Cause of Death, { First (Primary), Second (Immediate), } Malarial fever
convulsions

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, April 18th 87

{ Undertaker, Wm J Gray } Benj F Bohrer M. D.
Medical Attendant.

{ Place of Business, 210 N. Millberry } Address, Cor. Malberry & Green Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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Health Department, City of Baltimore.

Permit No. 99294 Office of Registrar of Vital Statistics.

Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16 1888

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Maria Murray

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 85 Years, Months, Days

Color, Colored

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, None at time of death

Birth Place, { State of country, and how long in the United States, if of foreign birth. } Dorchester Co. Md.

Duration of Residence in the City of Baltimore, About 18 years

Place of Death, { Give Street and Number. } 1711 N. Grief St.

Cause of Death, { First (Primary), Second (Immediate), } Old age
Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, Apr 19th 1888

{ Undertaker, Saml W Chase } J. B. Schwatka M. D. Medical Attendant.

{ Place of Business, 841 S Howard St } Address, 933 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99275 Office of Registrar of Vital Statistics.

Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 16/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mo Benaham

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 63 Years, — Months, — Days.

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Gen Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 6 Mos

Place of Death, { Give Street and Number. } 500 S Paca St

Cause of Death, { First (Primary), Second (Immediate), } Old age
Asthma

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Texas, N. C. R.R.

Date of Burial, April 18/87

Undertaker, J. B. Cook Mo D Blake M. D.

Medical Attendant.

Place of Business, 1003 W. B. St 604 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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Health Department, City of Baltimore.

Permit No. 99296 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18 1887
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mannie Kisle Stiles

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 10 Years, 3 Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 10 yrs 3 m

Place of Death, { Give Street and Number. } 1114 Eutanaw st

Cause of Death, { First (Primary), Valvular disease of the Heart
 Second (Immediate), General Dropsy }

Duration of Last Sickness, Has been sick for 3 or 4 years

All the above information should be furnished by the Physician.

Place of Burial, Glendy Cema

Date of Burial, April 18th 1887

Undertaker, Stewart & Howen } William Lee M. D. Medical Attendant.

Place of Business, 35 Park ave & Mt Royal & Boundary Ave } Address, 339 N. Eutanaw st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Health Department, City of Baltimore.

Permit No. 99297 Office of Registrar of Vital Statistics. Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sophia Franke

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Eighty Years, Three Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Many years

Place of Death, { Give Street and Number. } No. 1819 Harford ave.

Cause of Death, { First (Primary), Second (Immediate), } Arthma
Old age - decay of vitality.

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, April 18th 1887

Undertaker, Fred Gaede Chas. A. Clewell M. D.

Medical Attendant.

Place of Business, 108 S. Caroline Address, 1741 Harford ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99298 Office of Registrar of Vital Statistics. Ward 12ⁿ

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Pullman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 64 Years, Months, Days.

Color, White ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 54 years

Place of Death, { Give Street and Number. } 166 Dolphin St.

Cause of Death, { First (Primary), Second (Immediate), } Chronic Diarrhoea

Duration of Last Sickness, 15 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 19/87

{ Undertaker, Chas T. Schwin } Edward A. Harris M. D. Medical Attendant.

{ Place of Business, 925 Madison Ave } Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 99299 Office of Registrar of Vital Statistics. Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16- '87

Full Name of Deceased, Wm. Davage
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or ~~Female~~, Male
Cross out the word not required in this line.

Age, 35 Years, _____ Months, _____ Days.

Color, Dark

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Single
Cross out the words not required in this line.

Occupation, _____

Birth Place, Bald md.
State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, 539 Elbow Lane
Give Street and Number.

Cause of Death, Bronchitis
Pneumonia Pulmonalis
First (Primary), Second (Immediate).

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Harst Cemetery

Date of Burial, April 18 1887

Undertaker, H. Ross J. T. Smith M. D.
Medical Attendant.

Place of Business, 414 Carroll St Address, 540 Barn St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]